

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

35375

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Co.Registration District No. 1160

(b) Township

Primary Registration District No. 4470Registered No. 92(c) City University City Mo.(d) Street No. 7401 Washington Blvd.

(e) Length of residence in city or town where death occurred

yrs. mos. ds.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jane Anderson Elliott(a) Residence, No. 7401 Washington Blvd.St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFHarry W. Elliott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

11-18-1870

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.66103

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.House-wife9. Industry or business in which work
was done, as saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)DundeeScotland

FATHER

13. NAME William Anderson14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Scotland

MOTHER

15. MAIDEN NAME Jane Stuart16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Scotland17. INFORMANT
(ADDRESS)Mattie Elliott
7401 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Municipal Park DATE Sept. 23, 193719. FUNERAL DIRECTOR
(ADDRESS)Alexander & Sons
6175 Melmar Blvd.

20. FILED

Sept. 21, 1937 Lena V. Moller (D)
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from

July 1, 1937, to Sept. 21, 1937I last saw him alive on Sept. 20, 1937. Death is saidto have occurred on the date stated above, at 12:25 A. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia (Hypostatic) Date of onset 9-18-37

Other contributory causes of importance:

Chronic Myocarditis and
Myocardial Degeneration
Chronic Nephritis.D. K.D. K.Name of operation None Date of —What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John A. Rogers, M. D.(Address) 6693 DecaturSt. Louis, Mo.

06693 Delmar Plot
Car. 2101

STATEMENT BY LICENSED EMBALMER

I, Jos. E. McCulloch, Licensed Embalmer No. 2460
hereby certify that the body recorded on the reverse side of this certificate was embalmed by self
L. E.
No. 2460 + or by Carl Kucke, Registered Apprentice No. _____
working under my personal supervision.

Signed Jos. E. McCulloch
Licensed Embalmer No. 2460

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)